

Accident Benefits Settlement Offer Tracking Sheet

FILE NO:

CLAIMANT:

OFFER NUMBER						
Party (Claimant/Insurer)						
WEEKLY BENEFITS						
Justification of Amount						
MEDICAL/REHABILITATION						
Justification of Amount						
ATTENDANT CARE						
Justification of Amount						
OTHER (HOUSEKEEPING)						
Justification of Amount						
COST OF EXAMS						
Justification of Amount						
COSTS						
DISBURSEMENTS						
TOTAL OFFER						